



PERFORMANCE MONITORING FOR ACTION

PMA ETHIOPIA

Tigray Regional Brief, survey results from October-December 2019

OVERALL KEY FINDINGS



Modern contraceptive use has plateaued among married women and all women. Long-acting method use has modestly increased. Critical attention should be given to the quality of counseling and information being provided.



Fewer than a quarter of women report receiving comprehensive information about all components of birth preparedness and complication readiness, however coverage rates of counseling are higher than other regions.



Short-acting method stockouts are an issue. Over a quarter of health posts experienced a stocked out of injectables in the past three months and over half of health posts were currently out of stock of the pill.

SECTION 1: About PMA Ethiopia

Performance Monitoring for Action Ethiopia (PMA Ethiopia) builds on the previous success of PMA2020/Ethiopia and PMA-Maternal and Newborn Health study in the Southern Nations, Nationalities and Peoples Region (SNNPR).

PMA Ethiopia is a five-year project implemented in collaboration with Addis Ababa University, Johns Hopkins University, and the Federal Ministry of Health. It is a nationally representative survey measuring key reproductive, maternal, and newborn health (RMNH) indicators, including:



Antenatal Care (ANC)



Family Planning (FP)



Reproductive empowerment, fertility intention, and community norms



Health facility readiness and quality of care

This brief includes results from data collected in **Tigray** region from three different surveys:

Panel survey

All currently pregnant or recently postpartum (<8 weeks) were identified and enrolled in each data collection area. Field staff conduct interviews at **6 weeks, 6 months, and 1 year** postpartum and at **enrollment**. Results in this brief are from currently pregnant women at enrollment.

Cross-section survey

Field staff select 35 households in each data collection area. In each of the 35 households, data collectors administer a **household questionnaire** and a **female questionnaire** to all women aged 15-49 in those households.

SDP survey

The SDP survey provides health system trends annually. It includes **all levels of public health facilities** that serve each data collection area, **in addition to up to 3 private health facilities within the kebele.**

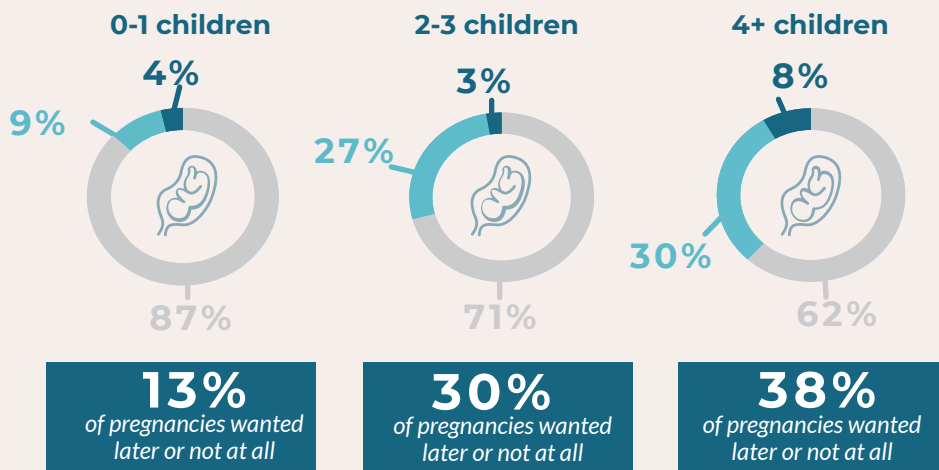
SECTION 2: PREGNANCY AND ANTENATAL CARE

From the enrollment in the panel survey

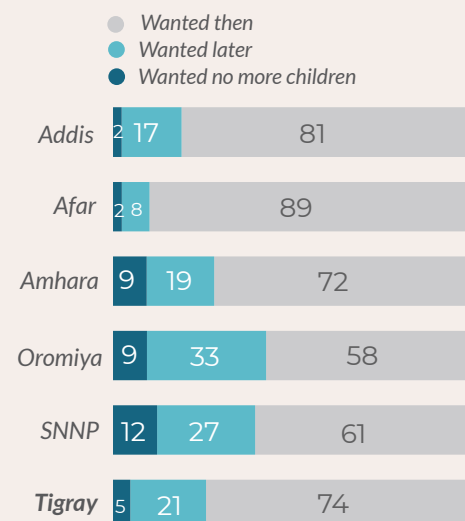
TIMING OF CURRENT PREGNANCY

Percent of currently pregnant women who report wanting their current pregnancy then, later, or not at all, by parity in Tigray region (n=385)

● Wanted then ● Wanted later ● Wanted no more children

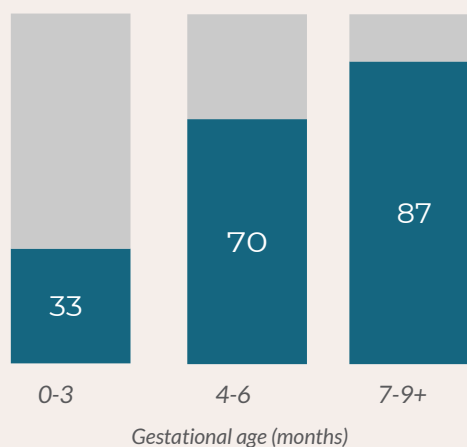


Percent of women by timing of their current pregnancy, by region (n=2,269)

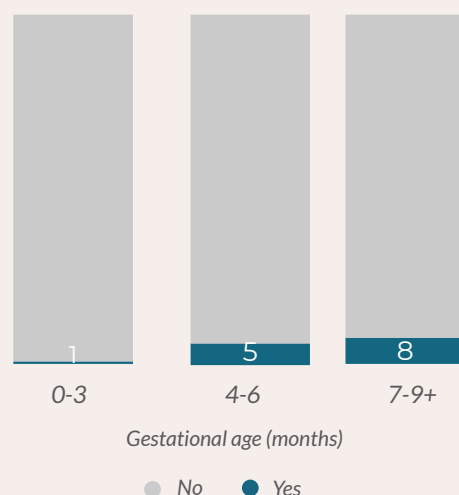


ANTENATAL CARE (ANC)

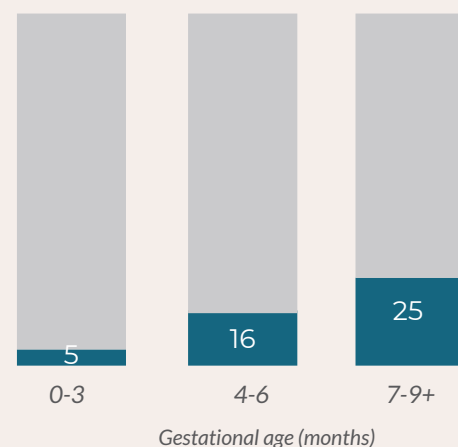
Percent of currently pregnant women who received ANC from any provider, including HEW, by gestational age (n=385)



Percent of currently pregnant women who received blood pressure, urine and stool test and were tested for syphilis and HIV, and took iron, by self-reported gestational age (n=385)



Percent of currently pregnant women who discussed all 9* birth preparedness topics at ANC by gestational age (n=385)



*Topics include place of delivery, delivery by skilled birth attendant, arrangement for transport for delivery, where to go if pregnancy danger signs are experienced, and the following danger signs in pregnancy: severe headache with blurred vision, high blood pressure, edema/swelling, convulsions/fits, and bleeding before delivery.

KEY FINDINGS FOR SECTION 2: PREGNANCY AND ANTENATAL CARE

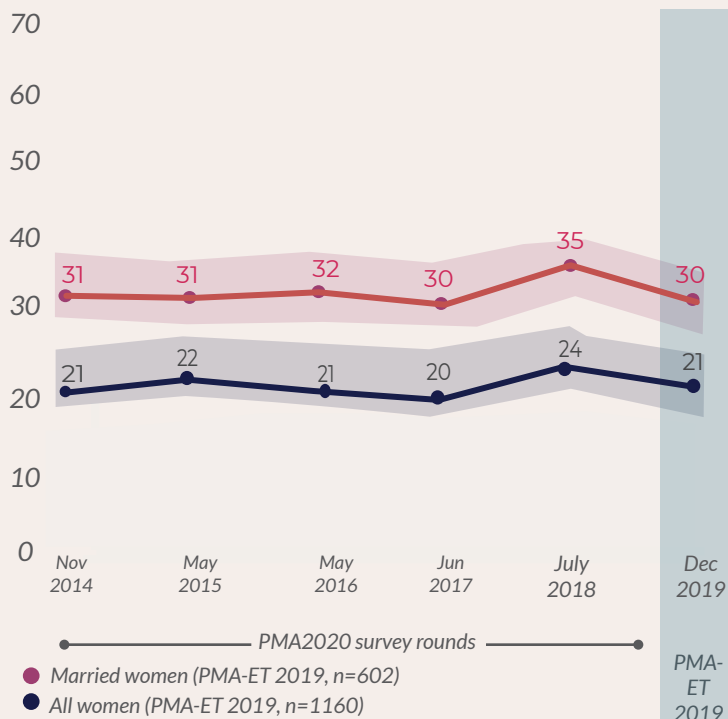
- The percent of women who wanted their current pregnancy later or not at all increases with parity. This represents a missed opportunity for family planning services.
- There is low receipt of ANC in the first few months of pregnancy but increases with gestational age.
- Fewer than a quarter of currently pregnant women discussed all components of birth preparedness/complication readiness topics with their provider.

SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

From the cross-sectional survey

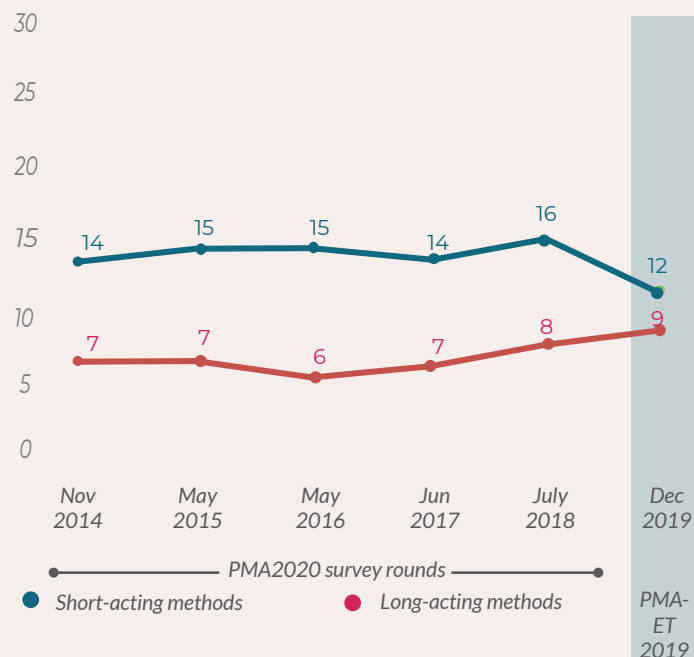
MODERN CONTRACEPTIVE PREVALENCE

Percent of women age 15-49 currently using modern contraception (mCPR) by marital status



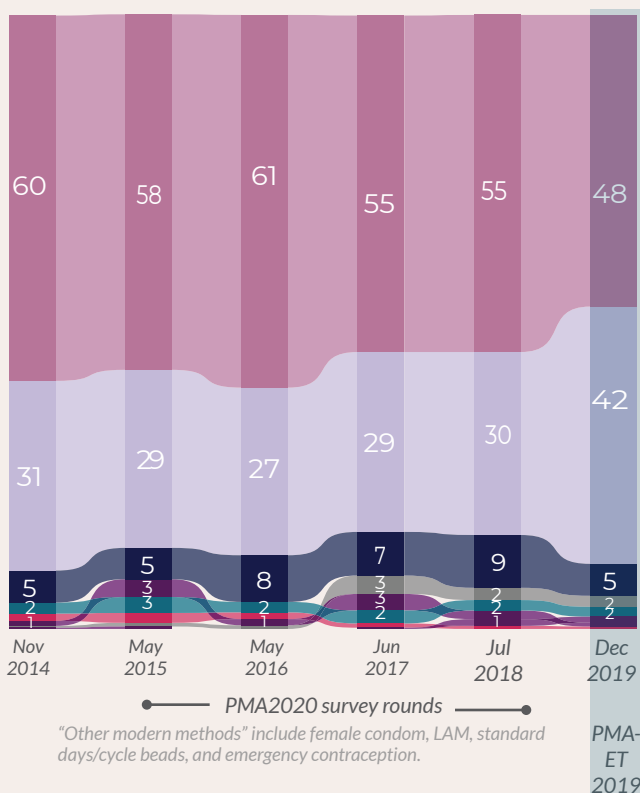
CONTRACEPTIVE PREVALENCE BY METHOD TYPE

Percent of women age 15-49 currently using contraception by method type (n=1163)



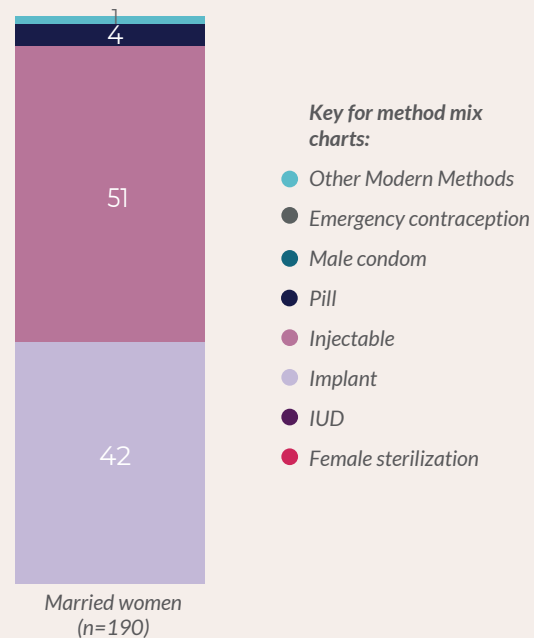
TRENDS IN MODERN CONTRACEPTIVE MIX

Percent distribution of modern contraceptive users age 15-49 by method (n=254)



MODERN CONTRACEPTIVE METHOD MIX

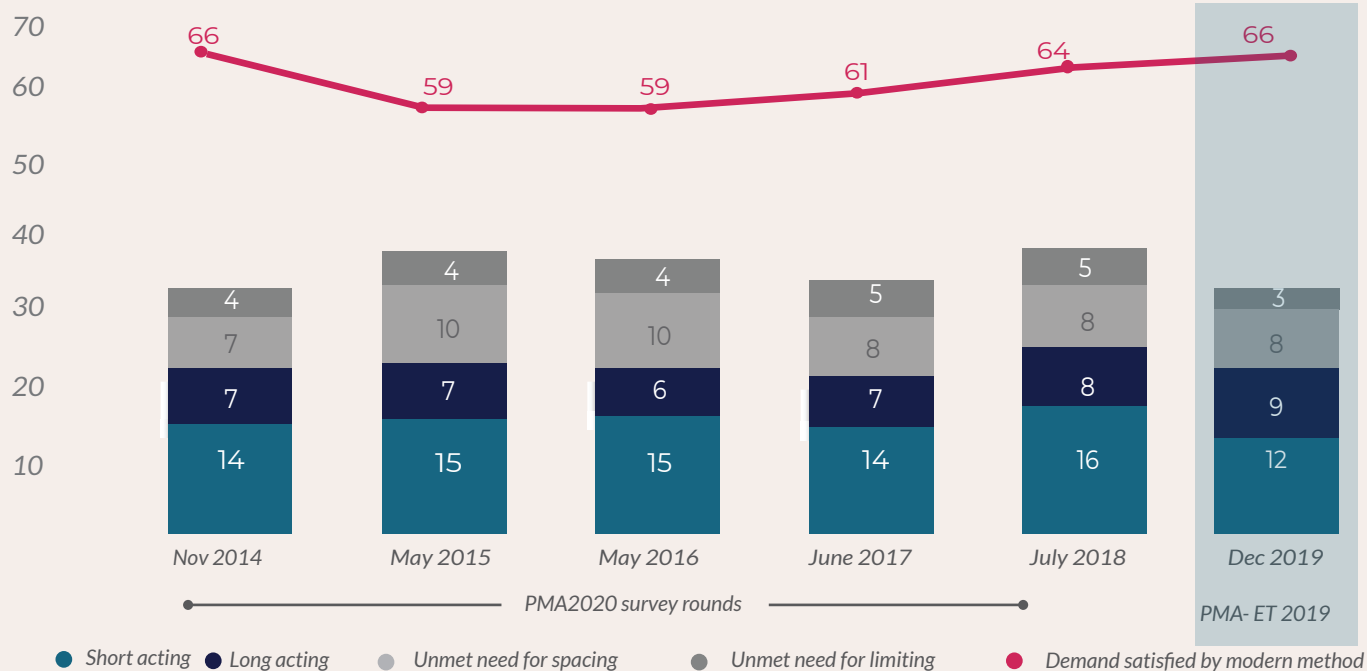
Percent distribution of modern contraceptive users age 15-49 by method, married women



"Other modern methods" include LAM and standard days/cycle beads.

METHOD USE, UNMET NEED, AND DEMAND SATISFIED BY A MODERN METHOD

Percent of women in Tigray region age 15-49 using contraception by method type, unmet need, and demand satisfied by a modern method (n=1163)



Demand satisfied by a modern method is use of modern contraceptive methods divided by the sum of unmet need plus total contraceptive use.

KEY FINDINGS FOR SECTION 3: CONTRACEPTIVE USE, DYNAMICS, AND DEMAND

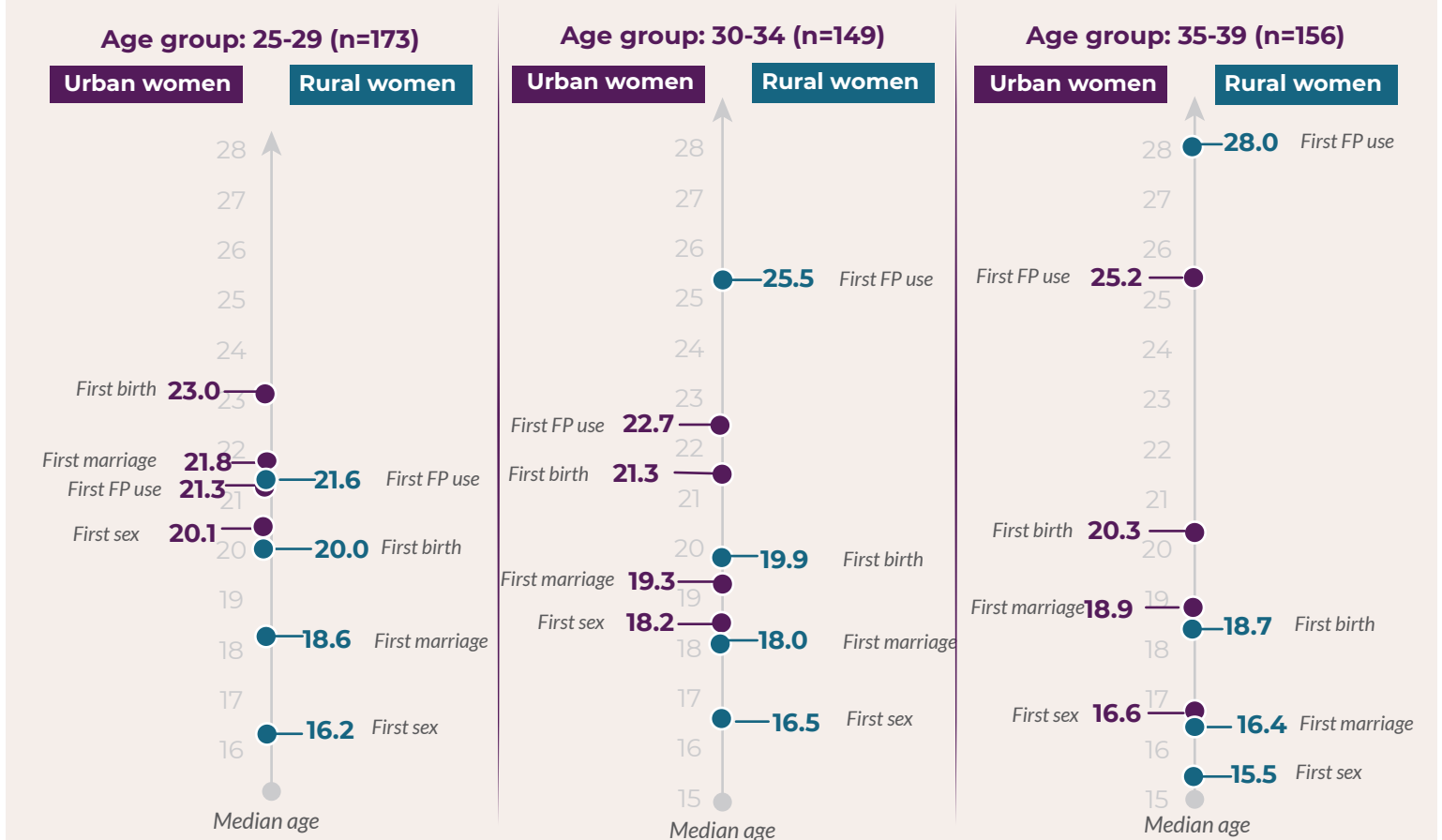
- There have been only minor fluctuations in the modern contraceptive prevalence rate between 2014 and 2019, with no significant changes.
- Minimal increases in the long-acting method rate are offset by minor decreases in the short-acting method rate.
- Unmet need among all women has not changed over the past six years. Close to one in ten married women has unmet need for family planning.

SECTION 4: REPRODUCTIVE TIMELINE

From the cross-sectional survey

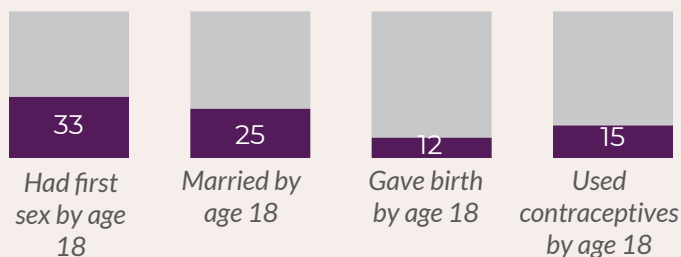
REPRODUCTIVE TIMELINE

Median age at reproductive events, by residence and age group, Tigray region.



REPRODUCTIVE EVENTS BY AGE 18

Percent of women age 18-24 who experienced reproductive events by age 18 (n=341)



MEAN NUMBER OF CHILDREN AT FIRST CONTRACEPTIVE USE

Mean number of children at first contraceptive use among all women who have used contraception, by residence (n=639)



KEY FINDINGS FOR SECTION 4: REPRODUCTIVE TIMELINE

- Rural women start sex, get married, and have their first birth at younger ages than urban women, but start family planning use later.
- Women at younger ages are having sex, getting married and having their first births later and starting contraceptive use earlier than women of older ages.
- On average, rural women give birth to two children before starting contraception for the first time, while urban women tend to start contraception after their first birth.

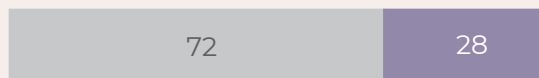
SECTION 5: METHOD INFORMATION INDEX PLUS (MII+)

From the cross-section survey

MII+

Percent of women who were told about side effects, what to do about side effects, of other methods, and the possibility of switching methods, in Tigray region

When you obtained your method were you told by the provider about side effects or problems you might have? (n=236)



Were you told what to do if you experienced side effects or problems? (n=64)



Were you told by the provider about methods of FP other than the method you received? (n=236)



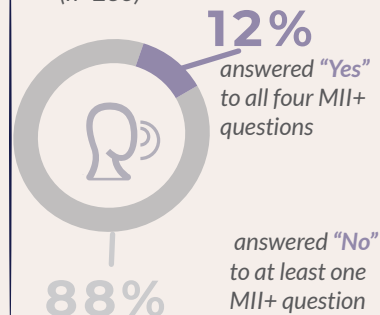
Were you told that you could switch to a different method in the future?* (n=137)



● No ● Yes

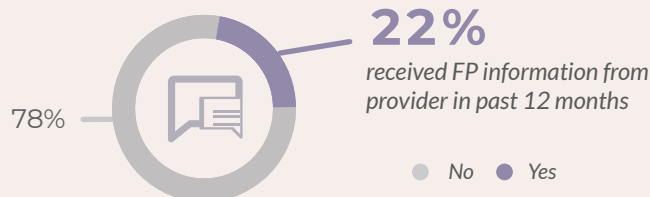
*Asked only among women who were told about other methods, side effects and problems

Percent of women who responded "Yes" to all four MII+ questions (n=236)



DISCUSSED FAMILY PLANNING IN THE PAST 12 MONTHS WITH PROVIDER

Percent of women who received FP information from a provider (n=1160)



● No ● Yes

KEY FINDINGS FOR SECTION 5: MII+

- About 1 in 10 women receive counseling on other methods, side effects, and method switching.
- Fewer than 1 in 4 women received family planning information from a provider in the past year.

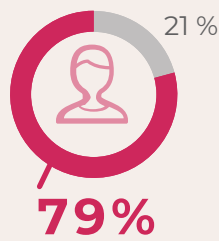
SECTION 6: PARTNER DYNAMICS

From the cross-section survey

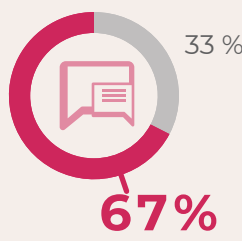
PARTNER INVOLVEMENT IN FAMILY PLANNING DECISIONS

Percent of women who are currently using modern, female controlled methods and agree with the following statements (n=248)

Does your partner know that you are using this method?



Before you started using this method had you discussed the decision to delay or avoid pregnancy with your partner?

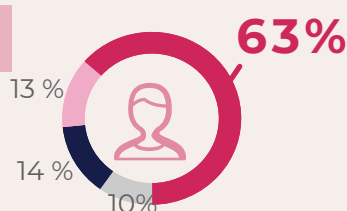


● Yes ● No

Percent of women in union reporting perceived partner attitudes towards family planning (n=600)

How does your partner feel about family planning?

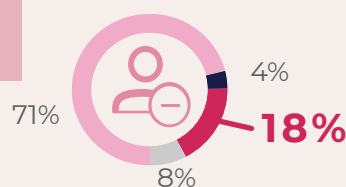
- He is ok with it
- He does not care
- He disapproves of it
- Do not know



Percent of women who are not currently using family planning and agree with the following statements (n=763)

Would you say that not using family planning is mainly your decision?

- Joint decision
- Mainly respondent
- Mainly partner
- Other



KEY FINDINGS FOR SECTION 6: PARTNER DYNAMICS

- Majority of women who are using a method in Tigray report that their partner knows they are using contraception
- Fewer than 15% of women in Tigray report that their partner does not support use of family planning

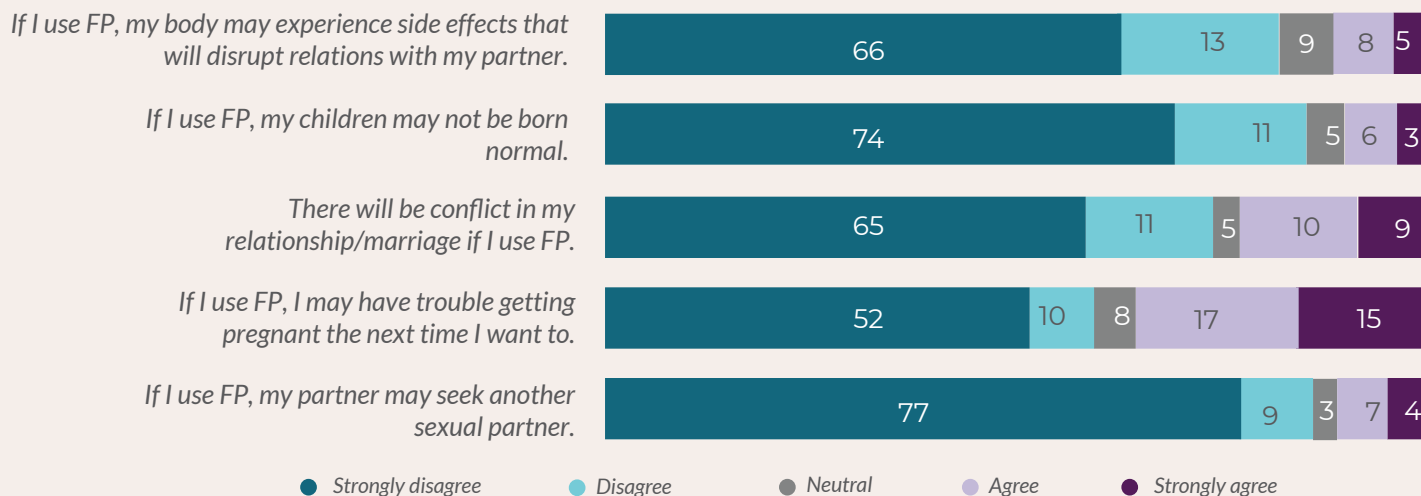
SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

From the cross-section survey

AGREEMENT WITH FAMILY PLANNING EMPOWERMENT STATEMENTS

Percent of married/in union women who strongly agree to strongly disagree with each statement.

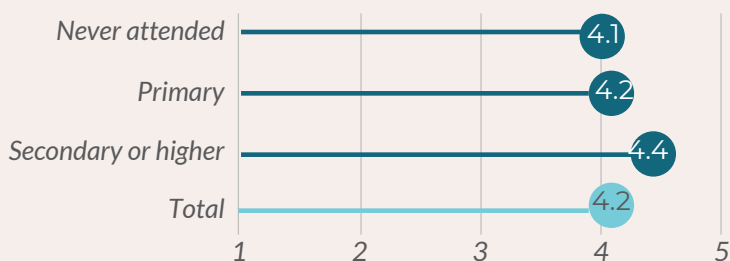
Existence of choice (motivational autonomy) for family planning (n=601)



WOMEN'S AND GIRLS' EMPOWERMENT (WGE) FOR FAMILY PLANNING

The Family Planning Women's and Girls' Empowerment (WGE) Index examines existence of choice, exercise of choice, and achievement of choice related to contraceptive use among married/in union women. Scores from the statements listed above were summed and divided by number of items (5) for average WGE family planning score. Range for the WGE family planning score is 1-5, with a score of 5 indicating highest empowerment.

Mean WGE FP existence of choice, by education

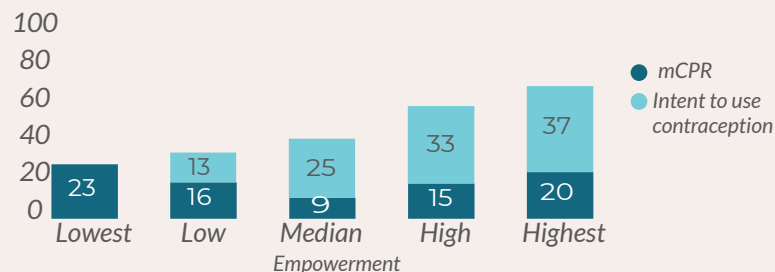


Mean WGE FP existence of Choice, by age



MCPR AND INTENT TO USE CONTRACEPTION, BY CATEGORICAL WGE SCORE

Percent of married/in union women using a modern method of contraception and percent of women who intend to use contraception in the next year by categorical WGE score (n=602)



KEY FINDINGS FOR SECTION 7: WOMEN AND GIRLS' EMPOWERMENT

- Educated women report higher levels of empowerment for family planning.
- Intention to use contraception increases with empowerment among women and girls who are currently partnered.
- One in three women in Tigray region agreed that use of family planning could lead to difficulty getting pregnant.

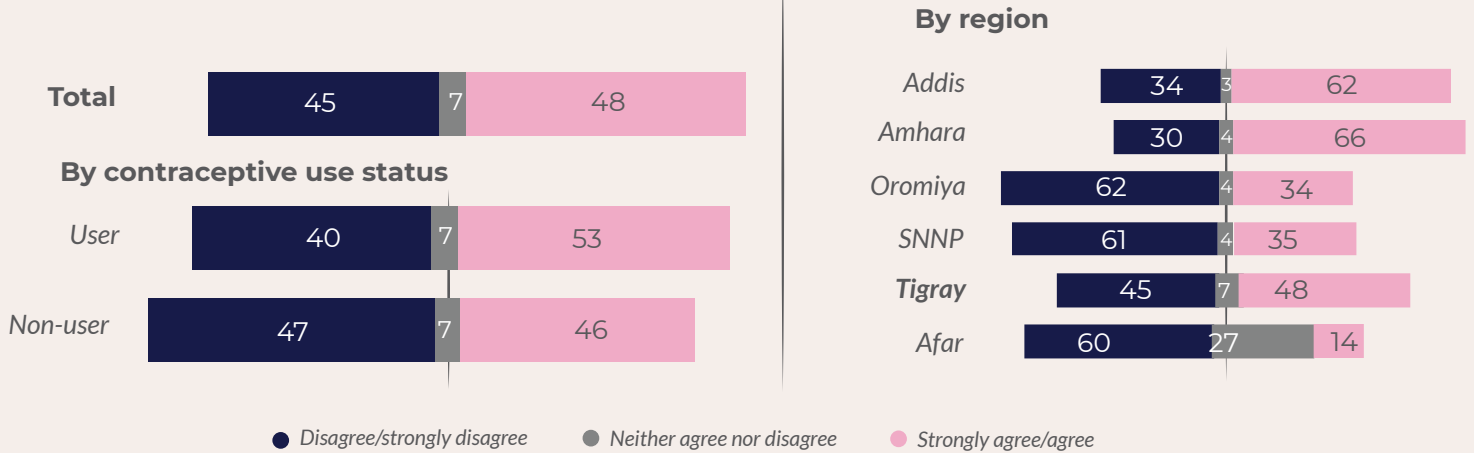
SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

From the cross-section survey

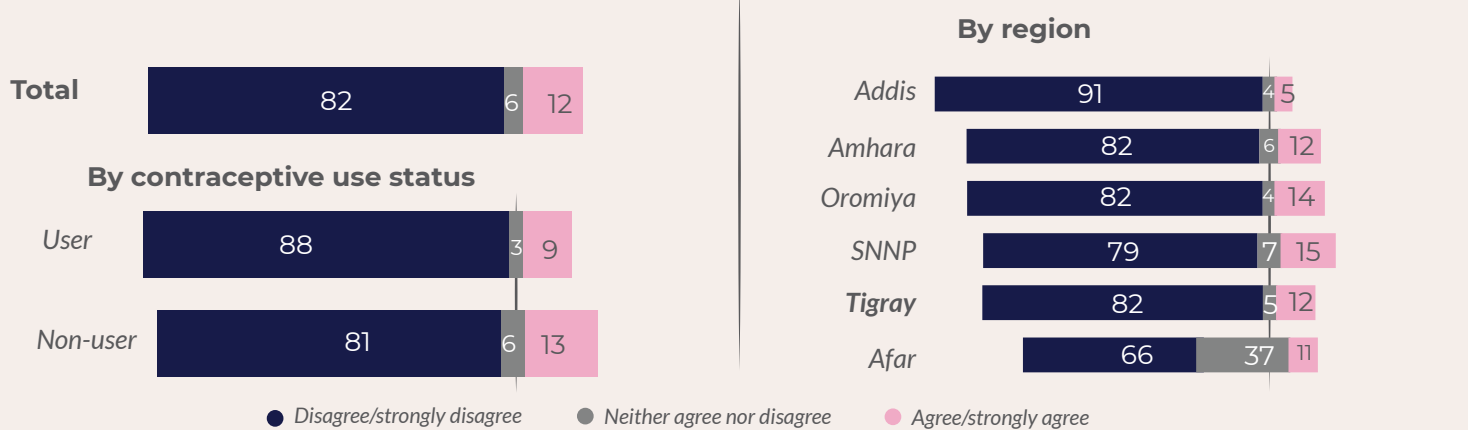
PERSONAL ATTITUDES

Percent of all women age 15-49 who agree with statements made about contraceptive use, by contraceptive use status, Tigray region

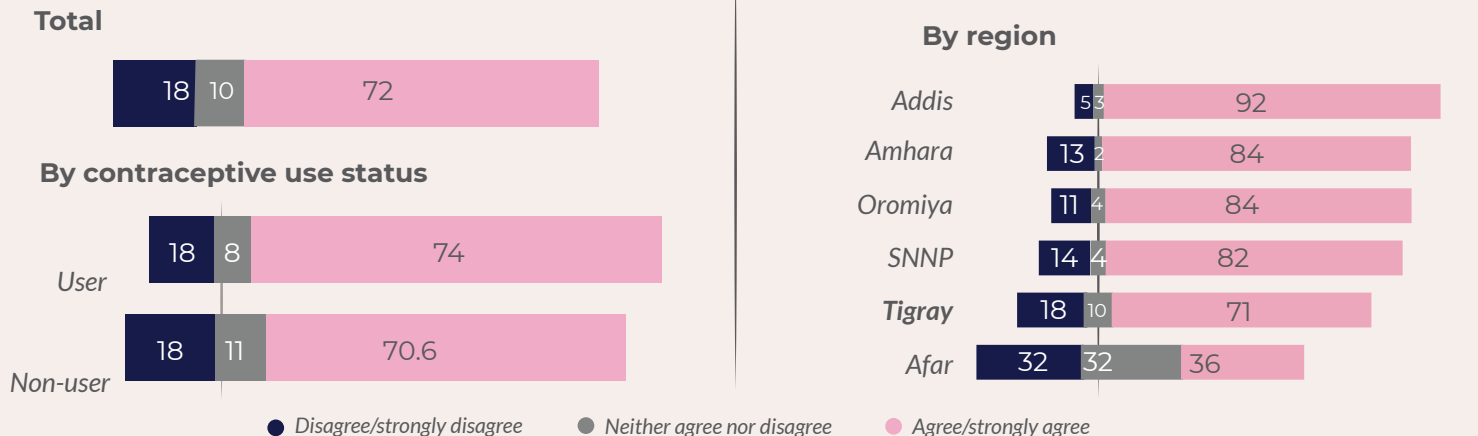
“It is acceptable for a women to use FP before she has a child.” (n=1149)



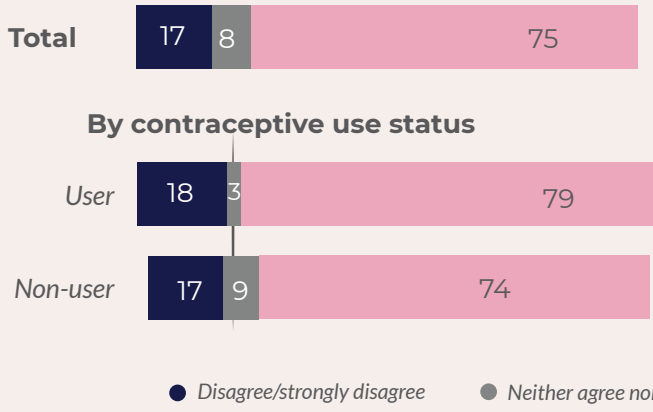
“Women who use FP are considered promiscuous.” (n=1150)



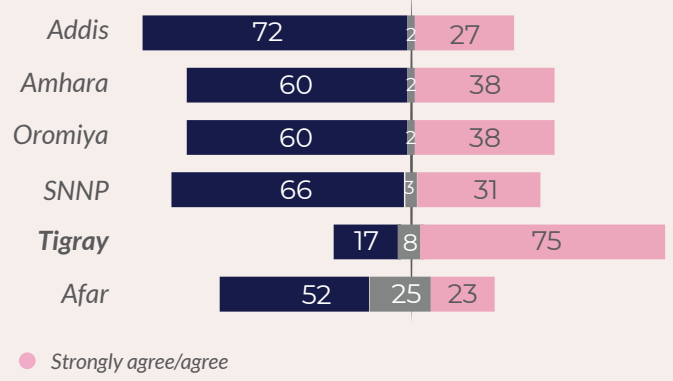
“Couples who use FP are financially responsible.” (n=1152)



Women should be the ones to decide about FP. (n=1153)



By region



KEY FINDINGS FOR SECTION 8: ATTITUDES TOWARDS CONTRACEPTION

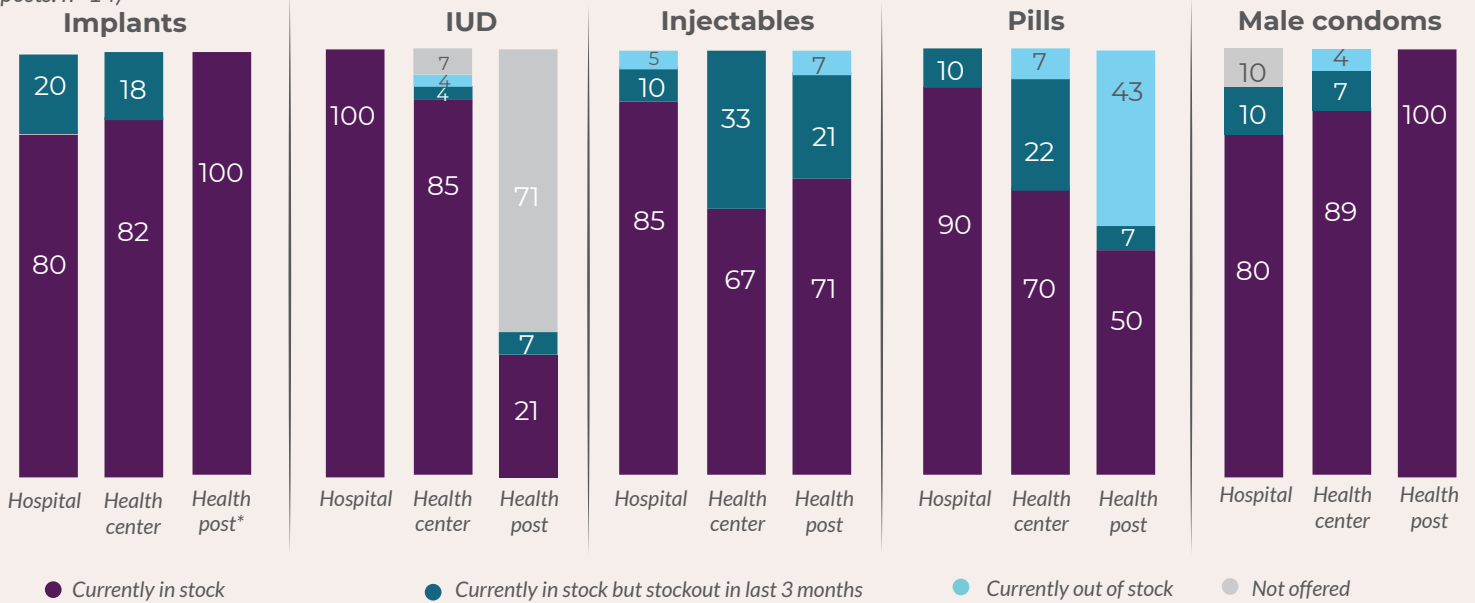
- Generally, women in Tigray have positive attitudes towards contraception.
- More than 4 in 10 women in Tigray disagree that it is acceptable for a woman to use FP before she has a child.

SECTION 9: SERVICE DELIVERY POINTS

From the service delivery point survey

METHOD AVAILABILITY AT SERVICE DELIVERY POINTS

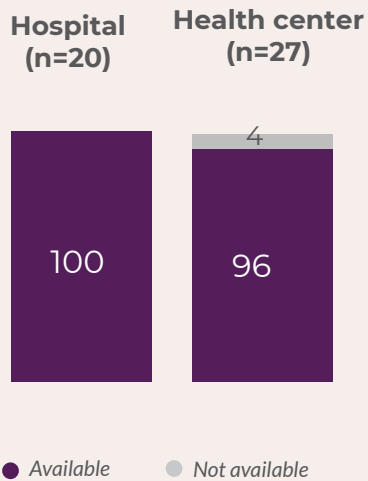
Percent of public service delivery points offering FP with method in stock on the day of the interview (hospitals: n=20), (health centers: n=27), health posts: n=14)



*Health posts with level 4 HEW that offer any FP (n=14)

AVAILABILITY OF LIFESAVING MEDICINES

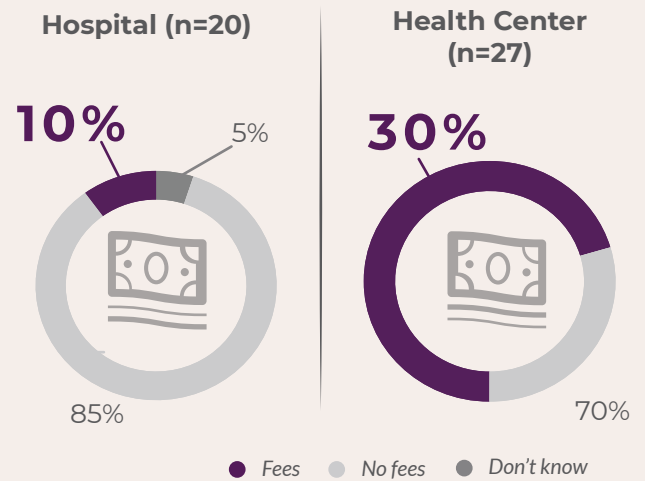
Percent of service delivery points with availability of oxytocin, magnesium sulfate, and any five other life-saving medicines*



List of Life-saving medicines can be found at: https://apps.who.int/iris/bitstream/handle/10665/75154/WHO_EMP_MAR_2012.1_eng.pdf;jsessionid=4D5D213D62CB5E0F2AC319AB2216569D?sequence=1

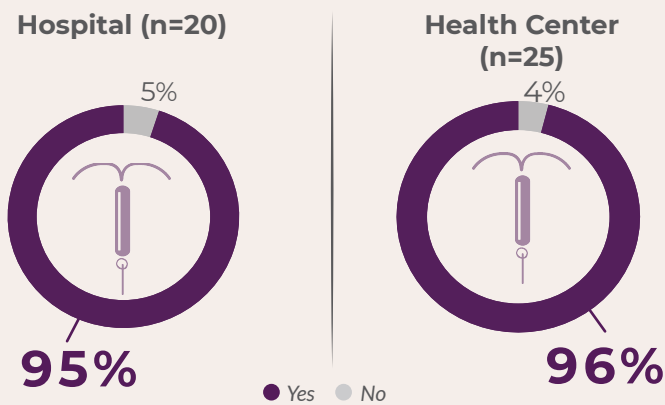
FEES FOR SERVICES

Percent of facilities where FP clients have to pay fees to be seen by a provider even if they do not obtain FP.

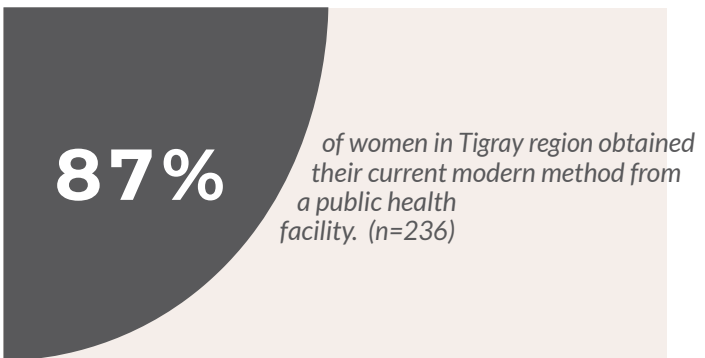
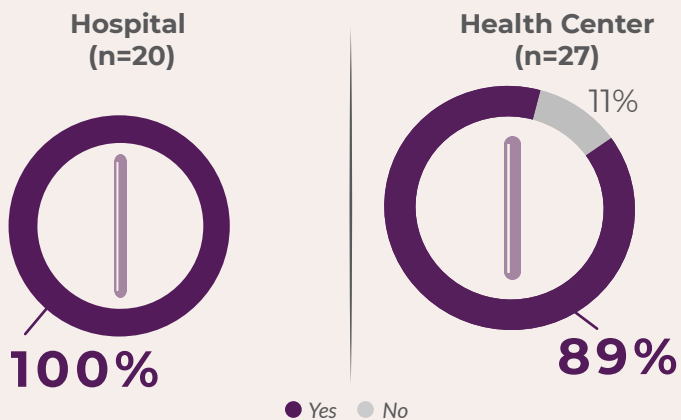


FACILITY READINESS

Percent of facilities that provide IUDs and have a trained staff member for IUD removal



Percent of facilities in Tigray region that provide implants and have a trained staff member for implant removal on site on the day of interview.



KEY FINDINGS FOR SECTION 9: SERVICE DELIVERY POINTS

- Both short term and long-term contraceptives were in stock at more than two-thirds of health centres and Hospitals in Tigray.
- Nearly all hospitals (98%) of health facilities in Tigray region had 7 (including 2 essential) lifesaving maternal and reproductive health medicines in stock on the day of the survey.
- Majority of health facilities in Tigray region have trained personnel to provide removal services of long acting contraceptive methods on the day of the survey.

TABLES: CONTRACEPTIVE PREVALENCE AND UNMET NEED

TIGRAY- ALL WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1& R2	Mar -Nov 2014	2287	21.22	1.58	18.17	24.60	20.97	1.57	17.96	24.35	10.55	0.84	8.96	12.38
PMA 2020	R3	Apr-May 2015	1173	22.58	2.18	18.47	27.31	21.89	2.13	17.88	26.60	14.35	1.21	12.06	17.00
PMA 2020	R4	Mar-May 2016	1134	21.72	2.56	16.96	27.36	21.21	2.45	16.67	26.6	14.09	1.33	11.6	17.01
PMA 2020	R5	May-Jun 2017	1148	20.66	1.89	17.09	24.76	20.23	1.79	16.84	24.12	12.46	0.95	10.66	14.52
PMA 2020	R6	Jun-Jul 2018	1082	24.34	2.52	19.59	29.81	23.89	2.54	19.13	29.42	12.77	1.31	10.33	15.67
PMA 2020	Phase 1	Oct-Dec 2019	1163	21.45	2.12	17.46	26.07	20.89	2.06	17.01	25.38	10.26	1.22	8.03	13.02

TIGRAY-MARRIED WOMEN

Data source	Round/ Phase	Data collection	Female sample	CPR				mCPR				Unmet need for family planning			
				CPR%	SE	95% CI		mCPR%	SE	95% CI		Unmet need (%)	SE	95% CI	
PMA 2020	R1& R2	Mar -Nov 2014	1102	31.34	2.24	26.98	36.05	30.96	2.22	26.64	35.63	17.87	1.72	14.64	21.63
PMA 2020	R3	Apr-May 2015	579	30.78	2.61	25.74	36.32	29.60	2.51	24.76	34.94	24.08	2.65	19.11	29.87
PMA 2020	R4	Mar-May 2016	586	31.89	3.57	25.12	39.53	31.41	3.56	24.67	39.04	23.44	1.84	19.92	27.38
PMA 2020	R5	May-Jun 2017	584	30.34	2.83	24.91	36.39	30.04	2.78	24.71	35.97	20.77	1.97	17.05	25.06
PMA 2020	R6	Jun-Jul 2018	586	35.22	3.17	29.08	41.89	34.44	3.16	28.33	41.10	19.71	2.21	15.60	24.58
PMA 2020	Phase 1	Oct-Dec 2019	602	30.32	3.04	24.53	36.81	29.3	2.95	23.69	35.62	17.13	2.03	13.38	21.65

BY REGION-ALL

Region	Female sample	CPR			mCPR			Unmet need for family planning			
		CPR%	SE	95% CI	mCPR%	SE	95% CI	Unmet need (%)	SE	95% CI	
Tigray	1,163	21.45	2.12	17.46 26.07	20.89	2.06	17.01 25.38	10.26	1.22	8.03 13.02	
Afar	415	1.55	0.57	0.70 3.38	1.55	0.57	0.70 3.38	11.74	3.60	5.92 21.94	
Amhara	1,560	30.15	1.60	27.03 33.46	29.84	1.63	26.68 33.21	10.90	0.94	9.15 12.93	
Oromiya	1,724	28.07	2.22	23.85 32.72	26.55	2.20	22.38 31.18	16.66	1.49	13.93 19.94	
Somali	193	0.72	0.69	0.08 6.24	0.72	0.69	0.08 6.24	17.71	2.32	12.18 25.03	
Benishangul-Gumuz	284	30.45	3.56	22.79 39.38	29.69	3.67	21.83 38.96	13.66	2.55	8.71 20.77	
SNNP	1,612	27.11	2.23	22.87 31.82	26.33	2.28	22.01 31.16	14.28	1.14	12.14 16.73	
Gambella	347	30.48	5.12	20.35 42.94	30.48	5.12	20.35 42.94	16.80	2.52	11.88 23.23	
Harari	331	20.87	3.36	14.31 29.40	17.71	2.42	12.91 23.82	21.89	4.49	13.50 33.48	
Addis	847	29.61	2.52	24.67 35.09	27.53	2.60	22.48 33.24	8.22	1.22	6.02 11.14	
Dire Dawa	361	17.59	2.17	13.23 23.02	17.06	2.19	12.67 22.57	12.19	2.17	8.10 17.94	

Cross-sectional data, including a health facility based survey, are collected annually in all regions. Longitudinal data (following pregnant women through one year postpartum) are collected in two cohorts of women (2019-2021 and 2021-2023) in four large, predominantly agrarian regions: Tigray, Oromiya, Amhara, and Southern Nations, Nationalities, and Peoples' Region, and one urban region, Addis Ababa. Afar is included in the first cohort (2019-2021) of the longitudinal survey. In the Tigray region, data for the cross-section were collected between October and December 2019 from 1186 households (100% completion rate), 1175 women enrolled in the cross-sectional survey (99% completion rate).

For sampling information and full data sets, visit www.pmadata.org/countries/ethiopia.

PMA Ethiopia uses mobile technology and a network of trained female resident enumerators (data collectors) to collect data to identify gaps in maternal and newborn care. Survey implementation is managed by Addis Ababa University, School of Public Health (AAU) in collaboration with regional universities, the Federal Ministry of Health and the Central Statistics Agency. Technical support is provided by the Bill and Melinda Gates Institute for Population and Reproductive Health at the Johns Hopkins Bloomberg School of Public Health. The grant is managed by the Ethiopian Public Health Association (EPHA). Funding is provided by the Bill & Melinda Gates Foundation.